General Practitioners' decisions about prescribing anticipatory medicines at the end of life: A qualitative study

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Abstract

Background: General Practitioners (GPs) have a central role in decisions about prescribing anticipatory medications (AMs) to help control symptoms at the end of life. Little is known about GPs' decision-making processes in prescribing AMs and the subsequent use of prescribed drugs.

Aim: To explore GPs decision-making processes in the prescribing and use of AMs for patients at the end of life.

Methods: A qualitative interpretive descriptive enquiry with a purposive sample of thirteen GPs working across one English county. Data was collected in 2017 via semi-structured interviews and analysed inductively using Braun and Clarke's thematic analysis.

Results: Three themes were constructed from the data: **1) "Something we can do".** AMs were a tangible intervention GPs felt they could offer to provide symptom relief for patients approaching death. **2)** "**Getting the timing right".** The prescribing of AMs was recognised as a harbinger of death for patients and families. GPs preferred to prescribe drugs weeks before death was expected, while recognising this meant that many prescribed AMs were never used. **3) "Delegating care whilst retaining accountability".** GPs relied on nurse to assess when to administer drugs and keep them updated about their use.

Conclusion: GPs view AMs as key to symptom management for dying people. AMs are routinely prescribed even though they are often not used. GPs need regular access to nurses and trust in their skills to administer drugs appropriately. Patient and family experiences of AMs, and their preference for involvement in decision-making about their use warrant urgent investigation.

Patient and Public Involvement (PPI)

Sam, one of the co-authors of this work was a lay person and not involved in delivering healthcare. I am a nurse by background. To aid meaningful and balanced interpretations of the data, Sam and I independently coded the first four transcripts to identify what was being said and why. We then compared our coding. This step complemented and informed my continued analysis of the data.

Once themes were developed, I asked Sam to review the presented results against the transcripts to ensure they retained meaning and matched Sam's interpretations. These steps added rigor to the analytical process.